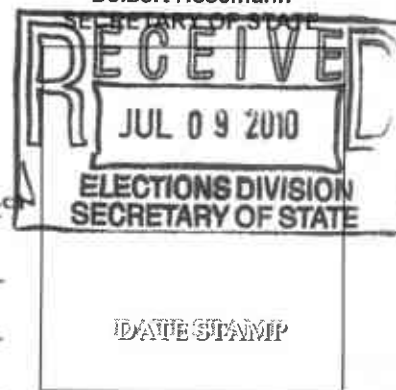


Political Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Judicial Election

Name of Committee Friends of Judge Malcolm HarrisonAddress P.O. Box 1360, Raymond, MS 39154Telephone 6019534060 Fax \_\_\_\_\_Treasurer Robert M. Everitt, Jr. Email \_\_\_\_\_
☐ Check here if above is different from previous report

## TYPE OF REPORT

- \_\_\_\_ May 10, 2010 Periodic Report (January 1, 2009, through April 30, 2010).....Mandatory
- \_\_\_\_ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
- ☒ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
- \_\_\_\_ October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
- \_\_\_\_ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
- \_\_\_\_ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- \_\_\_\_ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
- \_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

## IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS

|                               | Itemized + Non-itemized =        | This Period              | Calendar Year-To-Date    |
|-------------------------------|----------------------------------|--------------------------|--------------------------|
| Total amount of contributions | \$4,450 + \$ 500                 | \$ 4,950                 | \$ 31,820                |
| Total amount of disbursements | \$13,309. <sup>30</sup> + \$ 133 | \$13,442. <sup>30</sup>  | \$ 21,065. <sup>65</sup> |
| Total amount of cash on hand  |                                  | \$ 10,754. <sup>35</sup> |                          |

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Robert M. Everitt, Jr.  
Signature of Director or Treasurer

7/9/10  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.  
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Friends of Judge Malcolm Harrison

Reporting period May 1, 2010 through May 31, 2010

**ITEMIZED RECEIPTS**

|   |  |                            |                                       |
|---|--|----------------------------|---------------------------------------|
| A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) |  | Date<br>(Mo., Day, Year)   | Amount of each receipt<br>this period |
| Full name E. Brunini  |  | 06/23/10                   | \$200.00                              |
| Mailing Address P. O. Box 119   |  |                            |                                       |
| City, State, Zip Code Jackson, MS 39205   |  |                            |                                       |
| Name of Employer (Required)   |  |                            |                                       |
| Occupation (Required) Attorney  |  | Aggregated<br>year-to-date | \$400.00                              |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) |  | Date<br>(Mo., Day, Year)   | Amount of each receipt<br>this period |
| Full name W. Boone  |  | 06/29/10                   | \$250.00                              |
| Mailing Address 1305 Belvoir Place  |  |                            |                                       |
| City, State, Zip Code Jackson, MS 39202   |  |                            |                                       |
| Name of Employer (Required)   |  |                            |                                       |
| Occupation (Required) Attorney  |  | Aggregated<br>year-to-date | \$250.00                              |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) |  | Date<br>(Mo., Day, Year)   | Amount of each receipt<br>this period |
| Full name J. Matheny  |  | 06/30/10                   | \$200.00                              |
| Mailing Address 1440A Poplar Blvd   |  |                            |                                       |
| City, State, Zip Code Jackson, MS 39202   |  |                            |                                       |
| Name of Employer (Required)   |  |                            |                                       |
| Occupation (Required) Attorney  |  | Aggregated<br>year-to-date | \$200.00                              |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) |  | Date<br>(Mo., Day, Year)   | Amount of each receipt<br>this period |
| Full name G. Fox  |  | 06/13/10                   | \$350.00                              |
| Mailing Address P. O. Box 310   |  |                            |                                       |
| City, State, Zip Code Brandon, MS 39043   |  |                            |                                       |
| Name of Employer (Required)   |  |                            |                                       |
| Occupation (Required) Attorney  |  | Aggregated<br>year-to-date | \$350.00                              |

Name of Candidate or Committee Friends of Judge Malcolm Harrison

Reporting period May 1, 2010 through May 31, 2010

## ITEMIZED RECEIPTS

|   |  |                            |                                       |
|---|--|----------------------------|---------------------------------------|
| A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) |  | Date<br>(Mo., Day, Year)   | Amount of each receipt<br>this period |
| Full name   |  | 06/22/10                   | \$1,500.00                            |
| Mailing Address   |  |                            |                                       |
| City, State, Zip Code   |  |                            |                                       |
| Name of Employer (Required)   |  |                            |                                       |
| Occupation (Required)   |  | Attorney                   |                                       |
|   |  | Aggregated<br>year-to-date | \$1,500.00                            |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) |  | Date<br>(Mo., Day, Year)   | Amount of each receipt<br>this period |
| Full name   |  | 06/30/10                   | \$200.00                              |
| Mailing Address   |  |                            |                                       |
| City, State, Zip Code   |  |                            |                                       |
| Name of Employer (Required)   |  |                            |                                       |
| Occupation (Required)   |  | Attorney                   |                                       |
|   |  | Aggregated<br>year-to-date | \$200.00                              |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) |  | Date<br>(Mo., Day, Year)   | Amount of each receipt<br>this period |
| Full name   |  | 06/30/10                   | \$200.00                              |
| Mailing Address   |  |                            |                                       |
| City, State, Zip Code   |  |                            |                                       |
| Name of Employer (Required)   |  |                            |                                       |
| Occupation (Required)   |  | Attorney                   |                                       |
|   |  | Aggregated<br>year-to-date | \$200.00                              |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) |  | Date<br>(Mo., Day, Year)   | Amount of each receipt<br>this period |
| Full name   |  | 06/30/10                   | \$200.00                              |
| Mailing Address   |  |                            |                                       |
| City, State, Zip Code   |  |                            |                                       |
| Name of Employer (Required)   |  |                            |                                       |
| Occupation (Required)   |  | Attorney                   |                                       |
|   |  | Aggregated<br>year-to-date | \$200.00                              |

Name of Candidate or Committee Friends of Judge Malcolm Harrison

Reporting period June 1, 2010 through June 30, 2010

## ITEMIZED RECEIPTS

|   |  |                            |                                       |
|---|--|----------------------------|---------------------------------------|
| A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) |  | Date<br>(Mo., Day, Year)   | Amount of each receipt<br>this period |
| Full name V. Reeves-Darby   |  | 06/17/10                   | \$200.00                              |
| Mailing Address 3866 Forrest Hill Rd  |  |                            |                                       |
| City, State, Zip Code Jackson, MS 39212   |  |                            |                                       |
| Name of Employer (Required)   |  |                            |                                       |
| Occupation (Required) Physician   |  | Aggregated<br>year-to-date | \$200.00                              |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) |  | Date<br>(Mo., Day, Year)   | Amount of each receipt<br>this period |
| Full name D. Martin   |  | 06/15/10                   | \$500.00                              |
| Mailing Address 477 Kingsbridge Rd  |  |                            |                                       |
| City, State, Zip Code Madison, MS 39110   |  |                            |                                       |
| Name of Employer (Required)   |  |                            |                                       |
| Occupation (Required) Attorney  |  | Aggregated<br>year-to-date | \$500.00                              |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) |  | Date<br>(Mo., Day, Year)   | Amount of each receipt<br>this period |
| Full name R. Johnson  |  | 06/27/10                   | \$500.00                              |
| Mailing Address P. O. Box 1678  |  |                            |                                       |
| City, State, Zip Code Natchez, MS 39121   |  |                            |                                       |
| Name of Employer (Required)   |  |                            |                                       |
| Occupation (Required) Attorney  |  | Aggregated<br>year-to-date | \$500.00                              |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) |  | Date<br>(Mo., Day, Year)   | Amount of each receipt<br>this period |
| Full name Greater Mt. Zion  |  |                            | \$250.00                              |
| Mailing Address P. O. Box 1802  |  |                            |                                       |
| City, State, Zip Code Raymond, MS 39154   |  |                            |                                       |
| Name of Employer (Required)   |  |                            |                                       |
| Occupation (Required)   |  | Aggregated<br>year-to-date | \$250.00                              |

Name of Candidate or Committee Friends Of Judge Malcolm Harrison

Reporting period June 1, 2010 through June 30, 2010

**ITEMIZED DISBURSEMENTS**

|   |                                   |  |
|---|-----------------------------------|--|
| <b>A. Full Name</b>                       | <b>Date</b><br>(Mo., Day, Year)   | <b>Amount of each disbursement<br/>this period</b> |
| Southern Research Group                   | 06/16/10                          | \$6,750.00   |
| <b>Mailing Address</b>                    |                                   |  |
| City, State, Zip Code                     |                                   |  |
| Jackson, MS                               |                                   |  |
| <b>Purpose of Disbursement (Optional)</b> | <b>Aggregate<br/>year-to-date</b> | \$6,750.00   |
| <b>B. Full Name</b>                       | <b>Date</b><br>(Mo., Day, Year)   | <b>Amount of each disbursement<br/>this period</b> |
| Anartist                                  | 06/09/10                          | \$1,059.30   |
| <b>Mailing Address</b>                    |                                   |  |
| City, State, Zip Code                     |                                   |  |
| Terry, MS                                 |                                   |  |
| <b>Purpose of Disbursement (Optional)</b> | <b>Aggregate<br/>year-to-date</b> | \$1,059.30   |
| <b>C. Full Name</b>                       | <b>Date</b><br>(Mo., Day, Year)   | <b>Amount of each disbursement<br/>this period</b> |
| Blue Dot Group                            | 06/22/10                          | \$5,000.00   |
| <b>Mailing Address</b>                    |                                   |  |
| City, State, Zip Code                     |                                   |  |
| Jackson, MS                               |                                   |  |
| <b>Purpose of Disbursement (Optional)</b> | <b>Aggregate<br/>year-to-date</b> | \$5,000.00   |
| <b>D. Full Name</b>                       | <b>Date</b><br>(Mo., Day, Year)   | <b>Amount of each disbursement<br/>this period</b> |
| F. Smith                                  | 06/01/10                          | \$500.00   |
| <b>Mailing Address</b>                    |                                   |  |
| City, State, Zip Code                     |                                   |  |
| 165 Camero Drive<br>Jackson, MS 39206     |                                   |  |
| <b>Purpose of Disbursement (Optional)</b> | <b>Aggregate<br/>year-to-date</b> | \$1,000.00   |
| <b>E. Full Name</b>                       | <b>Date</b><br>(Mo., Day, Year)   | <b>Amount of each disbursement<br/>this period</b> |
|   |                                   |  |
| <b>Mailing Address</b>                    |                                   |  |
| City, State, Zip Code                     |                                   |  |
|   |                                   |  |
| <b>Purpose of Disbursement (Optional)</b> | <b>Aggregate<br/>year-to-date</b> |  |
| <b>F. Full Name</b>                       | <b>Date</b><br>(Mo., Day, Year)   | <b>Amount of each disbursement<br/>this period</b> |
|   |                                   |  |
| <b>Mailing Address</b>                    |                                   |  |
| City, State, Zip Code                     |                                   |  |
|   |                                   |  |
| <b>Purpose of Disbursement (Optional)</b> | <b>Aggregate<br/>year-to-date</b> |  |